

No. 2
4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18958
State File No. _____
Registrar's No. 1076

Registration District No. K04

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town Florissant Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Florissant Mo. R2 Box 310
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 24 yr.
years, months or days)

3. (a) PRINT FULL NAME Oscar H. Eggert.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Esther Eggert 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. 19 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Eggert

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Louise Benne
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Eggert

(b) Address Florissant Mo. R2 Box 310

17. (a) Burial (b) Date thereof May 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Luth. Cem.

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Halls Ferry Rd.

19. (a) MAY 21 1941 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
Florissant Mo.
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Florissant Station R 2
(If rural, give location) Box 310
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 1
1941, to May 20 1941;
that I last saw him alive on May 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Heart Disease

Due to _____

Other conditions of 4th
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury no

23. Signature M. Stehle (M. D. or other) M.D.

Address 7124 Natural Bridge Date signed July 21-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur P. Hedrick

Licensed Embalmer No..... *3556*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.